

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Lila</u>	BUREAU OF VITAL STATISTICS	
District of		ORIGINAL CERTIFICATE OF BIRTH	
Town of		State Index No.	<u>137</u>
or		County Registrar No.	<u>291</u>
City of	<u>Geok.</u>	Local Registrar No.	
2. Full name of child		No. _____ St. _____ Ward _____	
<u>Josephine Moser</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child	<u>F</u>	6. Legitimate?	<u>Yes</u>
(To be answered ONLY in event of plural births.)		7. Date of birth	<u>4-11-24</u>
4. Twin, triplet or other		Month	day year
5. No., in order of birth			
8. FATHER		14. MOTHER	
Full name <u>Jos. Moser</u>		Full maiden name <u>Lala Halby</u>	
9. Residence (Usual place of abode) <u>Geok. Ariz.</u>		15. Residence (Usual place of abode) <u>Geok.</u>	
If nonresident, give place and state <u>Dies. Nov 1-1923</u>		If nonresident, give place and state	
10. Color or race <u>Syrian</u>		16. Color or race <u>Syrian</u>	
11. Age at last birthday <u>60?</u> (Years)		17. Age at last birthday <u>19</u> (Years)	
12. Birthplace (city or place) <u>Syria</u>		18. Birthplace (city or place) <u>Los Angeles Calif.</u>	
(State or country)		(State or country)	
13. Occupation <u>Merchant</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>General Merchandise</u>		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>Yes</u>	
(a) Born alive and now living <u>6</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>W. H. Hunt, M.D.</u>	
Given name added from _____		(Physician or midwife)	
supplemental report _____		Address _____	
Month, day, year. _____		Filed <u>4-16-24</u> <u>B. G. Gray</u>	
Registrar. _____		Filed <u>5-5-24</u> <u>B. G. Gray</u>	
		Local Registrar. _____	
		County Registrar. _____	

142-411-388